

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Nathan Fletcher for State Senate 2024			Date of This Filing <u>12/20/2022</u>	Date Stamp Page 1 of 4	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (619)708-9744	I.D. NUMBER (if applicable) 1456499	Report No. <u>12192022x1</u>			
STREET ADDRESS					
CITY Encinitas	STATE CA	ZIP CODE 92024			
<input type="checkbox"/> Amendment to Report No. _____ (explain below)			No. of Pages <u>4</u>		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
12/19/2022	Philip Blair Del Mar, CA 92014 Memo Reference: F497P1.INC36	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Partner Manpower	\$4,900.00
12/19/2022	Philip Blair Del Mar, CA 92014 Memo Reference: F497P1.INC37	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Partner Manpower	\$3,100.00
12/19/2022	Stephen Cushman San Diego, CA 92131 Memo Reference: F497P1.INC39	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	\$4,900.00

*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

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STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Encinitas	STATE CA	ZIP CODE 92024	No. of Pages 4		

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12/19/2022	Stephen Cushman San Diego, CA 92131 Memo Reference: F497P1.INC40	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	\$3,100.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

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STREET ADDRESS					
CITY Encinitas	STATE CA	ZIP CODE 92024			

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment:

Memo Reference: F497P1.INC36

Intermediary: ActBlue California; 366 Summer Street Somerville, MA 02144

Memo Reference: F497P1.INC37

Intermediary: ActBlue California; 366 Summer Street Somerville, MA 02144

Memo Reference: F497P1.INC39

Intermediary: ActBlue California; 366 Summer Street Somerville, MA 02144

Memo Reference: F497P1.INC40

Intermediary: ActBlue California; 366 Summer Street Somerville, MA 02144
